National disabilityinsurance Scheme

Evidence of your disability

What to provide with your Access Request Form

So that we can determine whether you meet the disability or early intervention access requirements, you need to provide us with evidence of your disability. This includes information on what your disability is, how long it will last and its impact on your life.

You can provide evidence of your disability by having your treating doctor or specialist complete the Evidence of Disability Form, or you can provide the same evidence in a different format, such as copies of existing assessments and reports. You may be able to request copies of your medical diagnosis and/or medical assessments from Centrelink or your current service provider. If you choose not to use the Evidence of Disability Form it is important that you make sure the information you provide contains the same information that the form collects.

The Evidence of Disability form can be found in your Access Request Kit and on the NDIS website http://www.ndis.gov.au/community/information-health-professionals. If you have not received this form, please contact the NDIA.

If you are not sure whether you have enough information to support your access request, or you have having trouble getting the information, we may be able to help you. See below for information on how to contact us.

Diagnosis

You must provide us with evidence of the diagnosis of your disability from your treating doctor or specialist.

'Part B – Diagnosis of Conditions' of the Evidence of Disability Form collects this information, or you can give us other written evidence of your diagnosis from your treating doctor or specialist. This information needs to include information about any treatment/s you are receiving.

Evidence of the impact of your condition

If you have a condition we have already identified as always resulting in permanent impairment and substantially reduced functional capacity, then we do not require any further information. A list of these conditions is over the page.

If your condition is not on the list of 'Permanent impairment/functional capacity – no further assessment required' you must provide evidence of the impact of your condition on your life, including any impact on your mobility, communication, social interaction, learning, self-care and self-management.

You can provide this information by getting your specialist or an allied health professional to complete 'Part C – Functional Impact' of the Evidence of Disability Form or you can provide us with other written evidence from your specialist or a health professional.

'Health professional' includes a physiotherapist, an occupational therapist, speech pathologist, psychologist or a nurse.

'Other written evidence' could include existing assessments or reports which were prepared by a specialist or allied health professional that provide the equivalent information on the impact of your condition on your life.

Submitting evidence

The evidence about your disability must be submitted with your Access Request Form. Your access request will not be considered complete unless we have received all the information we need from you. We will use the information about your disability to help us in determine whether you can become a participant in the NDIS.

More information

If you need help understanding the information in this fact sheet, need more information or need help with providing evidence, please:

- visit ndis.gov.au
- email enquiries@ndis.gov.au
- call 1800 800 110
- TTY users phone 1800 555 677 then ask for 1800 800 110
- if you are a Speak and Listen (speech-to-speech relay) user — phone 1800 555 727 then ask for 1800 800 110
- if you are an internet relay user — visit the National Relay Service website and ask for 1800 800 110.

Permanent impairment/functional capacity – no further assessment required

If you have one of the conditions listed below, you do not need to have Part C of Evidence of Disability Form to be completed or provide evidence of the impact of your disability on your life

1. **Intellectual disability** diagnosed and assessed as moderate, severe or profound in accordance with current DSM criteria (e.g. IQ 55 points or less and severe deficits in adaptive functioning)

2. **Autism** diagnosed by a specialist multi-disciplinary team, pediatrician, psychiatrist or clinical psychologist experienced in the assessment of Pervasive Developmental Disorders, and assessed using the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V) diagnostic criteria as having severity of Level 2 (*Requiring substantial support*) or Level 3 (*Requiring very substantial support*)

3. **Cerebral palsy** diagnosed and assessed as severe (e.g. assessed as Level 3, 4 or 5 on the Gross Motor Function Classification System - GMFCS)

4. **Genetic conditions** that consistently result in permanent and severe intellectual and physical impairments:
    - Angelman syndrome
    - Coffin-Lowry syndrome in males
    - Cornelia de Lange syndrome
    - Cri du Chat syndrome
    - Edwards syndrome (Trisomy 18 – full form)
    - Epidermolysis Bullosa (severe forms):
        - Autosomal recessive dystrophic epidermolysis bullosa
        - Hallopeau-Siemens type
        - Herlitz Junctional Epidermolysis Dystrophica
    - Lesch-Nyhan syndrome
    - Leigh syndrome
    - Leukodystrophies:
        - Alexander disease (infantile and neonatal forms)
        - Canavan disease
        - Krabbe disease (globoid cell leukodystrophy) – Infantile form
        - Pelizaeus-Merzbacher Disease (Connatal form)
    - Lysosomal storage disorders resulting in severe intellectual and physical impairments:
        - Gaucher disease Types 2 and 3
        - Niemann-Pick disease (Types A and C)
        - Pompe disease
        - Sandhoff disease (infantile form)

  - Schindler disease (Type 1)
  - Tay-Sachs disease (infantile form)
- Mucopolysaccharidoses – the following forms:
  - MPS 1-H (Hurler syndrome)
  - MPS III (San Fillipo syndrome)
- Osteogenesis Imperfecta (severe forms):
  - Type II - with two or more fractures per year and significant deformities severely limiting ability to perform activities of daily living
- Patau syndrome
- Rett syndrome
- Spinal Muscular Atrophies of the following types:
  - Werdnig-Hoffmann disease (SMA Type 1- Infantile form)
  - Dubowitz disease (SMA Type II – Intermediate form)
  - X-linked spinal muscular atrophy

5. **Spinal cord injury** or **brain injury** resulting in paraplegia, quadriplegia or tetraplegia, or hemiplegia where there is severe or total loss of strength and movement in the affected limbs of the body

6. **Permanent blindness** in both eyes, diagnosed and assessed by an ophthalmologist as follows:
   a. a. Corrected visual acuity (extent to which an object can be brought into focus) on the Snellen Scale must be less than or equal to 6/60 in both eyes; or
   b. b. Constriction to within 10 degrees or less of arc of central fixation in the better eye, irrespective of corrected visual acuity (i.e. visual fields are reduced to a measured arc of 10 degrees or less); or
   c. c. A combination of visual defects resulting in the same degree of visual impairment as that occurring in the above points.

   (An optometrist report is not sufficient for NDIS purposes.)

7. **Deafblindness** confirmed by ophthalmologist and audiologist and assessed as resulting in permanent and severe to total impairment of visual function and hearing

8. **Amputation** or congenital absence of a foot, dominant hand or two limbs. Please note: If you have an amputation or congenital absence of a foot, dominant hand or two limbs you **do not** need to provide evidence of your diagnosis with your Access Request Form. If you become a participant the NDIA may need to observe your condition when we first meet with you.